

PTO/SB/22 (04-07)
Approved for use through 09/30/2007. OMB 0651-0031

Under the Range Reduction Act of 1995, no persons are required to respond to a collection of information unless if displays a valid OMB control number.										
PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)			Docket Number (Optional)							
FY 2006			4670-0123PUS1							
(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)										
Application Number	10/573,292-Conf.	#4936	Filed I	March 23, 2006						
For BLOCK COPOLYMER COMPOSITION FOR PHOTOSENSITIVE FLEXOGRAPHIC PLATE										
Art Unit 1752			Examiner	C. Hamilton						
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.										
The requested extension and fe	e are as follows (che	ck time period desi	red and enter the a	opropriate fee below):						
<u>Fee</u>			Small Entity Fee							
X One month (37 CFI	X One month (37 CFR 1.17(a)(1))		\$60	\$ 120.00						
Two months (37 CFR 1.17(a)(2))		\$450	\$225	\$						
Three months (37 CFR 1.17(a)(3))		\$1020	\$510	\$						
Four months (37 CFR 1.17(a)(4))		\$1590	\$795	\$						
Five months (37 CFR 1.17(a)(5)) \$2160			\$1080	\$						
Applicant claims small entity status. See 37 CFR 1.27.										
A check in the amount of the fee is enclosed.										
Payment by credit card. Form PTO-2038 is attached.										
The Director has already been authorized to charge fees in this application to a Deposit Account.										
The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number02-2448 I have enclosed a duplicate copy of this sheet.										
I am the applicant	/inventor.									
assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).										
attorney or agent of record. Registration Numb				<u> </u>						
attorney or agent under 37 CFR 1.34.										
Registration number if acting under 37 CFR 1.34										
Manual Live			MAY 1 0 2007							
Signature			Date							
Marc S. Weiner			(703) 205-8000							
Typed or printed name			Telephone Number							
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.										
Trust 6	c.	urter 1								
Total of 1	forms are subn	muca,								

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Under the Paper Land Reduction Act of 1995, no person are required to Effective on 12/08/2004. Fees pure Appropriations Act, 2005 (H.R. 4818).			Application Number 10/573,292-Conf. #4936								
FEE TRANSMITTAL		Filing Date March 23, 20			6						
			First Named Inventor Hidemi TSUBAKI			٩KI					
For FY 2007			Examiner Name C. Hamilt								
Applicant claims small entity status. See 37 CFR 1.27			Art Unit 17		1752						
TOTAL AMOUNT OF PAYMENT (\$) 120.00			Attomey Docket	670-0123PU	123PUS1						
METHOD OF PAYMENT (check all that apply)											
Check Credit Card Money Order None Other (please identify):											
x Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP											
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)											
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee											
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17											
FEE CALCULATION											
1. BASIC FILING, SEARCH	•				•						
Application Type		GFEES SE Small Entity Fee (\$) Fee (\$)	ARCH FEES Small Entity Fee (\$)	EXAMINA Fee (\$)	ATION FEES Small Entity Fee (\$)		ald (\$)				
Utility	300	150 500	250	200	100						
Design	200	100 100	50	130	65						
Plant	200	100 300	150	160	80						
Reissue	300	150 500	250	600	300						
Provisional	200	100 0	0	0	0						
2. EXCESS CLAIM FEES				•	•		Small Entity				
Fee Description						Fee (\$)	Fee (\$)				
Each claim over 20 (includ	ing Reissues)					50	25				
Each independent claim ov				200	100						
Multiple dependent claims						360	180				
Total Claims Extra	Pald (\$)	Mu	ltiple Depende	ent Claims							
	<u>0 x 50</u>		0.00	Fee	(\$)	Fee Paid (\$	1				
HP = highest number of total cla							_				
Indep. Claims Extra			Paid (\$)								
1 - 3 = HP = highest number of indepen	0 × 20		0.00								
3. APPLICATION SIZE FEE	'	, &									
If the specification and dr		1 100 sheets of paper	(excluding electr	onically file	ed sequence or	computer					
listings under 37 CFR) i				
sheets or fraction there	of. See 35 U.S	S.C. 41(a)(1)(G) and	137 CFR 1.16(s).								
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)											
100 = /50 = (round up to a whole number) x =											
4. OTHER FEE(S) Non-English Specification \$130 fee (no small entity discount)											
Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1251 Extension for response within first month 120.00											
SUBMITTED BY											
Signature //h	0%	0	Registration No.	32,181	Telephone	(703) 20	5_8000				
(Attorney/Agent) 32,			JZ, 101	8.7		2007					
Name (Print/Type) Marc S. \	veiner				Date Wi	71 ± V	2007				